

# Foster Family Home - Corrective Action Report

Provider ID: 1-160034

Home Name: Editha N. Ponce, CNA

Review ID: 1-160034-4

706 Hooluu Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 4/12/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 4/12/19. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home inspection with all items due to CTA by 5/12/19.

6.(d)(1) - see applicable sections of the review

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2) - No APS/CAN and fingerprints in the CCFFH binder for HHM #3 and HHM #4.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CPR and First Aid expired on 8/1/18 for CG #2.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - All CG's have not lead a fire drill in the last year.

Compliance Manager

Primary Care Giver

Date

Date



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Editha N. Ponce

CCFFH Address: 706 Hoolun St. Pearl City HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8. (a)(11)(2)	HMM #3 and HMM #4 have moved out.	5/1/19	I will have all new HMMs obtain an APS/CAN and fingerprints when they move in.
41. (b) (8)	I received a current CPR + First Aid certificate from CG #2 and placed in my CCFFH binder.	4/17/19	I have put the expiration dates for CPR and First Aid for all CGs on my iPhone calendar. I set the reminder for 1 month prior to expiration.
46. (9)	I have scheduled all CGs to lead a fire drill this month.	4/20/19	I will have all CGs lead at least one fire drill every year.

Primary Caregiver's Signature: 

Print Name: EDITHA N. PONCE

Date of Signature: 5/1/2019